

IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF  
PENNSYLVANIA

**CALISIA KELLEY and JOHNNIE MAE  
KELLEY, Co-Administrators of the  
ESTATE OF BRUCE KELLEY JR.,  
deceased,**

**Plaintiffs,**

**Vs.**

**BRIAN O'MALLEY, both  
in his Official and Individual Capacities  
as Sergeant for the Allegheny County Port  
Authority and DOMINIC RIVOTTI, in both his  
Official and Individual Capacities as Officer for  
the Allegheny County Port Authority,**

**Defendants, Jointly and Severally.**

)  
) Civil Action No. 2:17-cv-1599 NBF  
)

) **TYPE OF PLEADING:**  
)

) **SUPPLEMENTAL APPENDIX  
TO PLAINTIFFS' SUR-REPLY  
TO DEFENDANTS' REPLY  
TO PLAINTIFFS' RESPONSE  
TO SUMMARY JUDGMENT  
MOTION.**  
)

) **NATURE OF COMPLAINT:**  
) Section 1983 Civil Rights Action  
) Excessive/Deadly Force  
)

) **FILED ON BEHALF OF:**  
) Calisia Kelley and Johnnie Mae  
) Kelley, Co-Administrators of  
) the Estate of Bruce Kelley, Jr.,  
) deceased.  
)

) **BY:**  
) Noah Geary, Esquire  
) Suite 225  
) Washington Trust Building  
) Washington, PA 15301  
) 724-222-3788  
) PA ID 78382  
)

July 13, 2021

**SUPPLEMENTAL APPENDIX:**

**EXHIBIT 25**            **3 photographs from the Office of the Allegheny County Medical Examiner of the K-9 with no injuries to the throat or neck**

**EXHIBIT 26**            **Conclusion of Allegheny County Homicide Detective: “The actor stabbed the canine prompting officers to open fire on the actor”.**

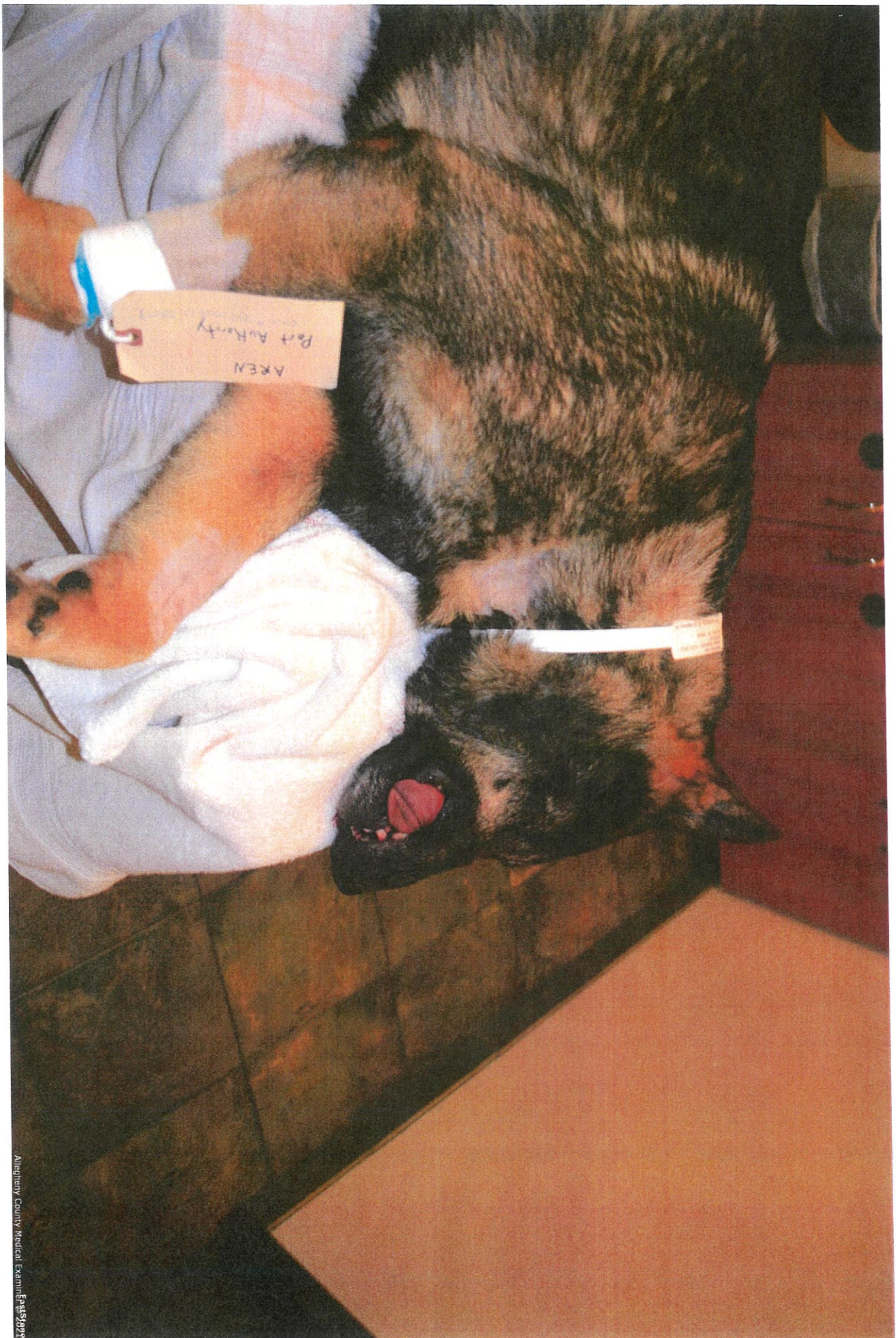
**EXHIBIT 27**            **OME Mobile Crime Unit Fact Sheet: “The victim stabbed the Police dog. Officers subsequently opened fire on the victim.”**

**EXHIBIT 28**            **Allegheny County Medical Examiner Death Investigation Case Report: Past Medical History: “possible psych issues” (page 2)**

**-End-**

# **EXHIBIT 25**













# **EXHIBIT 26**





**Allegheny County**  
**Office of the Medical Examiner**  
**Forensic Laboratory**  
 1520 Penn Avenue • Pittsburgh, PA 15222  
 Phone (412) 350-4800 • Fax (412) 350-3861

## EVIDENCE SUBMITTAL FORM

1. AGENCY INCIDENT #: 16-0141
2. NEW SUBMITTAL: YES ☒ NO ☐ IF NO, PRIOR LAB NUMBER: \_\_\_\_\_
3. TYPE OF OFFENSE OR OCCURRENCE:  
OIS
4. DATE AND TIME OF OFFENSE OR OCCURRENCE:  
1-31-16
5. LOCATION OF OFFENSE OR OCCURRENCE: (STREET, CITY, BOROUGH, TOWNSHIP, ETC.)  
700 Block Whittier Ave.  
Wilkinsburg
6. FACTS OF OFFENSE OR OCCURRENCE:  
Actor was involved in a physical altercation with PATPD at first contact. A foot pursuit ensued. After multiple attempts to subdue actor with tasers, a police K9 was deployed on the actor. The actor stabbed the canine prompting officers to open fire on the actor.
7. ACTOR(S) NAME: Bruce Kelley, Jr. AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 OTN \_\_\_\_\_ STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_  
 ACTOR(S) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 OTN \_\_\_\_\_ STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_  
 ACTOR(S) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 OTN \_\_\_\_\_ STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_  
 ACTOR(S) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 OTN \_\_\_\_\_ STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_
8. VICTIM'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_  
 VICTIM'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 STATE ID# \_\_\_\_\_ FBI # \_\_\_\_\_
9. INVESTIGATING OFFICER: Det. Caruso PHONE NUMBER: (412) 473-1309
10. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):  
ACP Homicide  
Det. Caruso



## 10. EVIDENCE INVENTORY:

AGENCY ITEM #	EVIDENCE DESCRIPTION	EXAMINATION REQUESTED				
		DRUG CHEMISTRY	FIREARMS	TRACE	LATENT PRINTS	SEROLOGY
S	9mm SKW M&P9, SN: HPS2701, mags & ctgs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	9mm SKW M&P9, SN: HBE1892, mags & ctgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

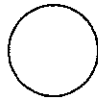
## LATENT PRINTS

1. PLEASE INDICATE ITEMS THAT HAVE ALREADY BEEN PROCESSED AND PROCESS(ES) CONDUCTED:

## FIREARMS

1. IS FIREARM STOLEN? NO ☐ YES ☐ ITEM #(s) \_\_\_\_\_
2. IF STOLEN:
- DATE REPORTED: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## TRACE

1. TYPE OF FIREARM USED: \_\_\_\_\_ CALIBER: \_\_\_\_\_
2. CALIBER OF AMMUNITION USED: \_\_\_\_\_
3. MANUFACTURER OF AMMUNITION: \_\_\_\_\_
4. \*IF CARTRIDGE MANUFACTURER IS UNKNOWN, DRAW HEAD STAMP HERE: 
5. NUMBER OF SHOTS FIRED: \_\_\_\_\_
6. INDICATE ITEM AND AREA OF CLOTHING ON ITEMS REQUESTED FOR EXAMINATION (I.E. CUFFS, COIN POCKET, SLEEVE, ETC.) (UP TO THREE PER ITEM)

# **EXHIBIT 27**



**MOBILE UNIT: FACT SHEET/REQUEST FORM**

Date:	1-31-16	Individual Receiving Call:	T. Morgan
Agency Requesting Assistance	ACP	Contact Name:	Det. Caruso
Type of Offense:	OIS	Contact Phone No.:	(412) 473-1309
Address of Scene:	700 Block Whitney Ave. Inmate Incident: Wood St. & Franklin Ave. Wilkinsburg Wilkinsburg		
Type of Scene:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> Other: <input type="checkbox"/>		
Search Warrant Needed:	No	Obtained <input type="checkbox"/> Consent To Search <input type="checkbox"/>	
Time Call Received:	16:28	Time Departed Scene:	21:06
Time Departed Residence:	16:30	Time Returned to Lab:	22:11
Time Arrived at Lab:	N/A	Time Clocked-Out (Kronos)	00:32 (2-1-16)
Time Departed Lab:	N/A	Time Departed for Residence	10:36
Time Arrived at Scene:	17:11	Time Returned to Residence:	01:10
Scientist(s) Present:	T. Morgan, W. Best		
Agency of Scene Personnel:	ACP	ACP	ACME F&S
Personnel Present:	Supt. Maffett	Det. Dolfi	D. Brentley
	Asst. Supt. Morton	Det. Feeney	E. Carnegie
	Lt. Schurman	Det. Gril	V. Walter
	Det. Caruso	(Several others from other agencies - see scene notes)	
	Det. McClell		
Name of Victim(s):	Bruce Kelley, Jr.		
Name of Actor(s):			
Weather Conditions:	Mild, dry		
Comments:	Victim was involved in a physical altercation with police at Wood St and Franklin Ave. The victim led officers on a foot pursuit where multiple less-than-lethal options were attempted to stop him. A police dog was released on the victim, and the victim stabbed the police dog. Officers subsequently opened fire on the victim.		
Agency No.:	PC: 16-0141	Date of Occurrence:	2 <sup>nd</sup> 1-31-16
DOL Case Name:	Bruce Kelley, Jr.	DOL Case Number:	16 LAB00947 <sup>926</sup> TM

**MOBILE UNIT: FACT SHEET/REQUEST FORM**

Date:	2-1-16	Individual Receiving Call:	T. Morgan
Agency Requesting Assistance	ACP	Contact Name:	Det. Caruso
Type of Offense:	OIS	Contact Phone No.:	(412) 473-1309
Address of Scene:	Wood St & Franklin Ave. Wilkinsburg		
Type of Scene:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> Other: <input type="checkbox"/>		
Search Warrant Needed:	No	Obtained <input type="checkbox"/>	Consent To Search <input type="checkbox"/>
Time Call Received:	09:00	Time Departed Scene:	12:04
Time Departed Residence:	<del>09:24</del> N/A	Time Returned to Lab:	12:15
Time Arrived at Lab:	N/A	Time Clocked-Out (Kronos)	N/A
Time Departed Lab:	09:24	Time Departed for Residence	N/A
Time Arrived at Scene:	09:37	Time Returned to Residence:	N/A
Scientist(s) Present:	T. Morgan, S. Stanich		
Agency of Scene Personnel:	ACP	Wilkinsburg	
Personnel Present:	Lt. Schurman	Off. Granger	
	Sgt. Scherer	Off. Stubbs	
	Det. Caruso		
	Det. Costa		
	Det. Grill		
Name of Victim(s):	Bruce Kelley, Jr.		
Name of Actor(s):			
Weather Conditions:	Mild, dry		
Comments:	Day light photos, documentation and additional search conducted for prior night's incident		
Agency No.:	PC: 16-0141	Date of Occurrence:	1-31-16
DOL Case Name:	Bruce Kelley, Jr.	DOL Case Number:	16LA B00926



# **EXHIBIT 28**

Allegheny County Medical Examiner  
Death Investigation Case Report

Case Number : 16COR00901 Case Name : Kelley Jr, Bruce

General Death Information

Record Entered By	104608 - Desmond Brentley		
Entered By Name	Desmond Brentley		
Date Entered	January 31, 2016	Time Entered	21:28
Case Number	16COR00901		
Date Reported	January 31, 2016	Time Reported	21:28
Reporting Individual	Det Mike Feeney		
Reporting Agency	(412) 473-3000, ALLEGHENY COUNTY POLICE 400 North Lexington Street Pittsburgh, PA 15208		
Reporting CCR	P160094614		
Medical Record			
First Name	Bruce		
Middle Name			
Last Name	Kelley Jr		
SS#	207-58-0844		
Date Of Birth	September 16, 1978		
Age	37		
Sex	M - Male	Race	B - Black
Address	HOMELESS		
City			
State		Zip Code	
Home Phone			
Cell Phone			
Marital Status	S - Single		
Primary Next of Kin	Bruce Kelly Sr		
Primary Kin Address	924 South Ave		
City	Wilkinsburg		
State	PA - PENNSYLVANIA	Zip Code	15221
Relationship	FATH - Father	Contact Number	
Contact Cell Number			
Date Kin Notified	January 31, 2016	Time Kin Notified	15:59
Kin Notified By	On scene		
Deceased Occupation	N/A		
Employer			
Injured At Work			
Incident Date	January 31, 2016	Incident Time	15:35
Place of Incident	SCEN - Scene		
Incident Location	In front of abundant residence		
Incident Address	710 Whitney St		
City	Wilkinsburg		
State	PA - PENNSYLVANIA	Zip Code	15221
Death Witnessed			
Found Dead By	Eastern Area EMS- Medic T. Hupfele		
Found By Relationship	MEDC - Medic		
Found By Contact #			



Official Death Date	January 31, 2016	Official Death Time	15:59
Pronounced By	Medic Hupfele		
Death Location	Scene		
Type of Med Treatment			
Funeral Home			
Funeral Home Name			
Medical History Source	POL - Police		
By Whom	Det Feeney		
Physician Name			
Physician Office			
Physician Number			
Past Medical History	possible psych issues		
Medication List			
Case Disposition	MO - Morgue		
ME Notified Date	00:00	ME Notified Time	00:00
Pathologist Notified			
Notified Date	00:00	Notified Time	00:00
Last Known Alive Date	00:00	Last Known Alive Time	00:00
Hepatitis History			
IV Drug Abuse			
HIV History			
CORE Notified			
CORE Notified Name			
CORE Notified Date	00:00	CORE Notified Time	00:00
CORE Accepted Donation			
CORE Donation Name			
CORE Donation Date	00:00	CORE Donation Time	00:00
CORE Harvesting			
CORE Decline Harvest			
Decline Harvest Name			
Decline Harvest Date	00:00	Decline Harvest Time	00:00
Related Cases			
Forensic Expert Notified	No		
Forensic Expert		Expert Specialty	
Expert Notified Date	00:00	Expert Notified Time	00:00
<u>Report of Scene Investigation</u>			
Arrival Date	00:00	Arrive Time	00:00
Leave Date	00:00	Leave Time	00:00
Photos			
Photos By			
Investigating Agencies			
Investigator			
Air Temperature			
Liver Temp			
Date Taken	00:00	Time Taken	00:00
Body Location			
Position of Body			

Rigor

Hands Bagged  
Hands Stubbed

Bagged By  
Stubbed By

Body Intake Information

Delivering Agency	ACMEO		
Delivering Person	Brentley		
Intake Date	January 31, 2016	Intake Time	21:31
Pickup Location	Scene		
Receiving Person	104608 - Desmond Brentley		
Weight (lbs.)	213	Packaging Code	BB - body bag
Weight (grams)	96616.8	Weight (grams)	96616.8

**CERTIFICATE OF SERVICE:**

I, Noah Geary, Esquire, do hereby certify that a true copy of the foregoing **SUPPLEMENTAL APPENDIX TO SUR-REPLY** was served via electronic mail on this day to the below-listed counsel of record:

Greg Evashavik, Esquire  
*(Counsel for Port Authority Defendants)*

Respectfully submitted,

/s/ Noah Geary  
Noah Geary, Esquire  
Washington Trust Building  
Suite 225  
Washington, PA 15301  
(724) 222-3788  
PA I.D.#: 78382

July 13, 2021